

# Cig

Maine Revenue Services  
Distributor's Cigarette Stamp  
Order Blank



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\*0518000\*

Registration Number

Period

\_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

1. Entity Information

***Use this area only to report changes in your business***

2. **OUT OF BUSINESS?** Check here ☐, return permit to Bureau and complete information at right. Date closed: \_\_\_\_\_

3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check the type of change below.

☐ Incorporated ☐ Partner added or dropped

☐ Other (explain on reverse)

☐ Sold to \_\_\_\_\_

4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

**Do Not Use Red Ink!**

	Type of Stamp	Stamps per Roll	Quantity of Stamps being ordered	Amount Due
Stamp Order	\$2.00	5,000	1. _____ @ \$2.00 each	_____
	\$2.00	30,000	2. _____ @ \$2.00 each	_____
	\$2.50	5,000	3. _____ @ \$2.50 each	_____
Stamp Returns	Number of Stamps Returned		4. _____	Value of Stamps Returned _____
Total Due	Total line 1 + line 2 + line 3 - line 4			5. _____
Discount	Discount @ 1.15%			6. _____
Amount Due	Line 5 minus line 6.			7. _____
Credit Due	If line 5 minus line 6 is a credit amount, enter the amount to the right.			8. _____

**For Office Use Only**

Order #	Roll #	to	Roll #
_____	_____	_____	_____
_____	_____	_____	_____
Dist. by: _____ Date _____	_____	_____	_____
Checked by: _____ Date _____	_____	_____	_____
_____	_____	_____	_____

Signature/Title

Print Name

Date

Phone #